

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/963,777	
	Filing Date	September 26, 2001	
	First Named Inventor	KIEVAL, ROBERT S.	
	Art Unit	3762	
	Examiner Name	Orpeza, Frances P.	
Total Number of Pages in This Submission	9	Attorney Docket Number	021433-000120US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Scott M. Smith	Reg. No. 48,268
Signature		
Date	July 12, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	MARIA PAULA KOVACS		
Signature		Date	July 22, 2004



7-26-04

3762
ITW

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 021433-000120US
Client Ref. No.: 1151.1106101

Customer No. 20350

On July 22, 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Maria Paula Kovacs
MARIA PAULA KOVACS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ROBERT S. KIEVAL et al.

Application No.: 09/963,777

Filed: September 26, 2001

For: ELECTRODE DESIGNS AND METHODS
OF USE FOR CARDIOVASCULAR
REFLEX CONTROL DEVICES

Confirmation No. 1758

Examiner: Orpeza, Frances P.

T.C./Art Unit: 3762

**AMENDED RESPONSE TO
RESTRICTION
REQUIREMENT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amended Response addresses your Office communication of June 28, 2004. Applicants still elect to prosecute the third species (Figures 22E and 22F) and sixth species (Figure 25). Applicants further elect to prosecute claims 1-3, 6-9, 11, 13, 15-21, 23, 25, 27-32, 35-36 and 39-47, all of which are drawn to methods or apparatus which are described by Figures 22E, 22F and/or 25. Applicants elect to prosecute these claims without traverse, and hereby withdraw claims 4, 5, 10, 12, 14, 22, 24, 26, 33, 34, 37 and 38.

A copy of all pending claims starts in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.